



COMMONWEALTH of VIRGINIA

ALISON G. LAND, FACHE
COMMISSIONER

DEPARTMENT OF
BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES

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<Date>

<Community Services Board>

Dear <ID/DD Director>:

As mentioned in prior correspondence, the Virginia Department of Behavioral Health and Developmental Services (DBHDS) has been conducting PASRR II and Resident Review assessments for select residents of nursing facilities across the Commonwealth through our contracting agency, Ascend. As a part of this process, <institution> has identified that <name of child>, who has been a nursing facility resident since <date of admission>, is preparing for transition back to the community.

The involvement of the Support Coordinator is a critical element for a successful transition. DBHDS is requesting that you follow up with <SW at institution> so <name of child> can be assessed and linked to appropriate services and supports in the community as soon as possible. DBHDS recognizes and appreciates the amount of time and effort needed; therefore, DBHDS has funds to ensure 120 days of Case Management services including what is allowable under Medicaid for case management discharge planning is available.

In order to receive these funds, please fill out the form attached to this communication and submit it to the Office of Integrated Health. Please return this information to John Clay at john.clay@dbhds.virginia.gov as soon as possible.

If you have any questions, please contact Lisa Rogers, Community Transition Nurse at Lisa.Rogers@dbhds.virginia.gov. DBHDS thanks you in advance for participating in this important initiative and all you do to serve our individuals with developmental disabilities.

Warmest regards,

Susan Moon

Susan Moon, BS, RN
Director, Office of Integrated Health
Department of Behavioral Developmental Services